

PREFERRED GUIDELINES AND PRACTICE STANDARDS

MEDICATION TREATMENT SERVICES IN UTAH PUBLIC SUBSTANCE ABUSE AND MENTAL HEALTH AGENCIES

January 28, 2004

I. Credentials

1. Prescribers shall be appropriately licensed. They should have advanced experience / training in mental health services.
2. A record of the credentials of mental health prescribers shall be available upon reviewer request.

II. Collaboration

1. In all phases of care the prescriber should seek to involve significant others.
2. Intra-agency collaboration between licensed staff working on the same case shall be done and documented.
3. Extra-agency collaboration efforts with other prescribers should be documented as indicated.

III. Assessment

1. Before prescribing, a prescriber shall document or review a current psychiatric assessment, which includes chief complaint, history of present illness, medical history, family history, substance abuse or dependence problems (including differential diagnoses), and recommended treatment plan including the goals of the medication treatment. The assessment should address the presence of any substantial risk of dangerousness.
2. The prescriber shall make reasonable efforts to keep an updated list of all medications the patient is using, and to comment on possible medication interactions when indicated.
3. Patients on psychotropic medications shall have appropriate testing in order to monitor those medications. For example, patients on anti-psychotic drugs shall have an AIMS test, weight measurement, and blood glucose measurement done and documented no less often than once per year.
4. Ongoing assessments should record a list of current Axis III disorders and document their impact on the care provided.

IV. Treatment Planning

1. Collaboration between the prescriber and the patient with a mutual goal of recovery is expected.

2. Informed consent shall be sought and documented with all medication treatments.
 - a. A patient should understand the nature of their illness, the purpose of treatment, the potential benefits and material risks involved and the possible consequences of various treatment choices, including psychosocial treatments either in conjunction with medication treatment or as an alternative. Patients should be asked to independently express their own decisions regarding care. It is the prescriber's duty to document this.
 - b. Patients have the right to change their consent decisions and to receive the most efficacious clinical care that can be provided, consistent with their consent decisions.
 - c. Involuntary medication treatment may be provided if a patient is under an order of civil commitment and under a forced medication order. Involuntary medication patients shall be helped to become voluntary through education and support.
3. Provision of medication treatment is a cornerstone of the treatment plan for persons with bipolar disorder, major depression, schizophrenia, and schizoaffective disorder.
4. The use of medications should be considered for a number of other mental disorders including ADHD, various anxiety disorders, substance abuse disorders, impulse control disorders, certain personality traits, etc.
5. It is recommended that patients abusing drugs and alcohol be kept on their antipsychotic and antidepressant medication if those medications would otherwise be prescribed and are not medically contraindicated.
6. Prescribers shall strongly encourage substance-abusing patients to obtain specific treatment for their substance abuse.

V. Treatment Procedures

1. A prescriber shall see the patient frequently enough to appropriately manage treatment and document progress.
2. Observed medication benefits and side effects shall be charted and communicated to the patient as appropriate.
3. The prescriber teaches the patient regarding the processes involved in treatment such as how the diagnosis is substantiated, how the medications are monitored, and how decisions are made regarding the recommendation to continue or change treatment.
4. Medication shall be modified / changed at appropriate intervals until optimal results have been achieved. Settling for marginal improvement is undesirable.
5. Poly-pharmacy within drug classes should be avoided unless all appropriate monotherapies have been considered and documentation so indicates.
6. When changing from one medication to another, cross tapering is completed, rather than maintaining treatment with two drugs.

7. If two or more medications from the same class are used simultaneously, the prescriber shall initially and periodically document the necessity for doing so.
8. Reasons for changing medications shall be documented.
9. Inquiry about medication adherence will be made and education / support efforts made to maximize adherence.
10. The prescriber should be aware of the costs and benefits of treatment.
 - a. The cost of medication and source of payment are some of many factors considered when choosing an appropriate agent.
 - b. Indigent patients should be assisted, when possible, to obtain medications.
11. If medications are used off label or at non-standard doses, an explanation for doing so should be documented.

VI Documentation

1. In documentation, medications prescribed are linked to target symptoms, which are linked to supported diagnoses.
2. Chart documentation should be organized so that basic information is readily available to a prescriber during a medication visit.
 - a. The chart indicates the patient's demographics.
 - b. The chart includes a complete history of treatment including what medications were prescribed, when, for how long, and with what effect. Efforts should be made to obtain all relevant clinical history.
 - c. Current medications prescribed are listed, including:
 - i. target symptoms, date begun, beneficial and adverse effects, dates and reasons for dosage adjustments.
3. An efficient medication record-keeping format, which provides this information, should be developed and implemented by agencies.

VII Review and Quality Improvement

1. Prescribers should be available to quality improvement personnel and reviewers so that they may work together collaboratively to improve care.
2. A recommended approach for Agencies to assist their prescribers is that data are collected on practice patterns. These data are used to compare individual prescribers with others in ways that may lead to meaningful quality improvement.
3. Prescribers should participate in agency quality improvement activities.